

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) Maine Freedom | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00527408 </div> |
| Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div> | |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) of Payee Target Enterprises, LLC | | Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> |
| Mailing Address 15260 Ventura Blvd Suite 1240 | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">55750.00</div> |
| City Sherman Oaks State CA Zip Code 91403 | Transaction ID : SE.4122 | |
| Purpose of Expenditure media buy | Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div> | Office Sought: <input type="checkbox"/> House State: ME <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: CYNTHIA ANN DILL | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">193250.00</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) of Payee Target Enterprises, LLC | | Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> |
| Mailing Address 15260 Ventura Blvd Suite 1240 | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">55750.00</div> |
| City Sherman Oaks State CA Zip Code 91403 | Transaction ID : SE.4123 | |
| Purpose of Expenditure media buy | Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div> | Office Sought: <input type="checkbox"/> House State: ME <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: ANGUS STANLEY JR KING | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">249000.00</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |

| | |
|------------------------------------------------------------------|---------------------------------------------------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | <div style="border: 1px solid black; padding: 2px;">111500.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures | <div style="border: 1px solid black; padding: 2px;"> </div> |
| (c) TOTAL Independent Expenditures..... | <div style="border: 1px solid black; padding: 2px;">111500.00</div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Michael G. Adams
 Signature _____ [Electronically Filed] Date

M M /

D D /

Y Y Y Y Y Y